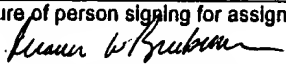


Am: 25, 1999
Original filing date
7H
4-21-99

#3
7H
4-21-99

PTO/SB/54 (12-87)
Approved for use through 9/30/00. OMB 0851-0033
Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE APPLICATION BY THE ASSIGNEE, OFFER TO SURRENDER PATENT		Docket Number (Optional) 71-673-1
This is part of the application for a reissue patent based on the original patent identified below.		
Name of Patentee(s): Bruce A. Buhler		
Patent Number 5,755,568	Date Patent Issued May 26, 1998	
Title of Invention MULTIPLE FLAME TORCH APPARATUS		
ILLINOIS TOOL WORKS INC. is the assignee of the entire interest in the original patent. I offer to surrender the original patent. <input checked="" type="checkbox"/> A certificate under 37 CFR 3.73(b) is attached. I am authorized to act on behalf of the assignee.		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application, any patent issued thereon, or any patent to which this declaration is directed.		
Name of assignee ILLINOIS TOOL WORKS INC.		
Signature of person signing for assignee 	Date 1/18/99	
Typed or printed name and title of person signing for assignee Thomas W. Buckman, Vice-President, Patents & Technology		

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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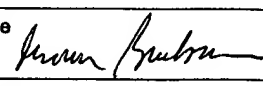
PTO/SB/52 (12-87)
Approved for use through 9/30/00. OMB 0651-0033
Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE APPLICATION DECLARATION BY THE ASSIGNEE		Docket Number (Optional) 71-673-1
<p>I hereby declare that: My residence, post office address and citizenship are stated below next to my name. I am authorized to act on behalf of the following company: <u>ILLINOIS TOOL WORKS INC.</u> and the title of my position with said company is: <u>Vice-Presidents, Patents & Technology</u> The entire title to the patent identified below is vested in said company.</p>		
Name of Patentee(s): <u>Bruce A. Buhler</u>		
Patent Number	<u>5,755,568</u>	Date Patent Issued <u>May 26, 1998</u>
Title of Invention <u>MULTIPLE FLAME TORCH APPARATUS</u>		
<p>I believe said patentee(s) to be the original, first and sole or joint inventor(s) of the subject matter which is described and claimed in said patent, for which a reissue patent is sought on the invention entitled <u>MULTIPLE FLAME TORCH APPARATUS</u> the specification of which</p>		
<p><input checked="" type="checkbox"/> Is attached hereto.</p>		
<p><input type="checkbox"/> was filed on _____ as reissue application number ____ / _____ and was amended on _____ (If applicable)</p>		
<p>I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.</p>		
<p>I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.</p>		
<p>I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)</p>		
<p><input type="checkbox"/> by reason of a defective specification or drawing.</p>		
<p><input checked="" type="checkbox"/> by reason of the patentee claiming more or less than he had the right to claim in the patent.</p>		
<p><input type="checkbox"/> by reason of other errors.</p>		
<p>At least one error upon which reissue is based is described as follows:</p>		
<p>Applicant claimed less than he had a right to claim by including recitations to the oxygen passageway and oxygen control means of Claim 1, and the first and second closed ends of the tip head of Claim 9.</p>		

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.5 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

0923637 01259
665210 27292260

(REISSUE APPLICATION DECLARATION BY THE ASSIGNEE, page 2)		Docket Number (Optional) 71-673-1	
All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.			
I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.			
Name(s)		Registration Number	
Steven W. Weinrieb		26,520	
Stanley D. Schwartz		25,374	
Correspondence Address: Direct all communications about the application to:			
<input type="checkbox"/> Customer Number		<div style="border: 1px solid black; width: 150px; height: 30px; margin: 0 auto;"></div> <div style="text-align: center; margin-top: 5px;">Type Customer Number here</div>	
OR		<div style="border: 1px solid black; width: 150px; height: 60px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <div style="text-align: center; margin-right: 10px;">→</div> <div style="text-align: center;"> Place Customer Number Bar Code Label here </div> </div>	
<input checked="" type="checkbox"/> Firm or Individual Name	Steven W. Weinrieb SCHWARTZ & WEINRIEB		
Address	2001 Jefferson Davis Highway		
Address	Crystal Plaza One, Suite 1109		
City	Arlington	State	VIRGINIA
		ZIP	22202
Country	U.S.A.		
Telephone	703-415-1250	Fax	703-415-1253
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.</p>			
Full name of person signing (given name, family name)			
Thomas W. Buckman			
Signature			Date 11/18/99
Residence	107 Dartmouth, Glenview, IL		Citizenship U.S.
Post Office Address 107 Dartmouth, Glenview, IL 60025			

STATEMENT UNDER 37 CFR 3.73(b)

Applicant/Patent Owner: Bruce A. Buhler

Application No./Patent No.: U.S.P. 5,755,568 Filed/Issue Date: May 26, 1998

Entitled: MULTIPLE FLAME TORCH APPARATUS

ILLINOIS TOOL WORKS INC.

, a corporation

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of an undivided part interest

In the patent application/patent identified above by virtue of either:

A. ☐ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the Patent and Trademark Office at Reel , Frame , or for which a copy thereof is attached.

OR

B. ☒ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below.

1. From: Bruce A. Buhler To: SMITH EQUIPMENT MFG. CO. LLC

The document was recorded in the Patent and Trademark Office at
Reel 7787, Frame 0651, or for which a copy thereof is attached.

2. From: SMITH EQUIP. MFG. CO. To: ARCSMITH INC.

The document was recorded in the Patent and Trademark Office at
Reel 9405, Frame 0263, or for which a copy thereof is attached.

3. From: ARCSMITH INC. To: ILLINOIS TOOL WORKS INC.

The document was recorded in the Patent and Trademark Office at
Reel , Frame , or for which a copy thereof is attached. (Copies of assignment documents submitted August 28, 1998 for recording in USPTO, and
☐ Additional documents in the chain of title are listed on a supplemental sheet, presently being processed by Assignment Branch, are attached hereto.)

☒ Copies of assignments or other documents in the chain of title are attached. (See 3. Above)

[NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the PTO. See MPEP 302-302.8]

The undersigned (whose title is supplied below) is empowered to sign this statement on behalf of the assignee.

11/18/99

Date

Thomas W. Buckman


Signature

Thomas W. Buckman

Typed or printed name

Vice-President, Patents & Technology

Title

REISSUE APPLICATION FEE TRANSMITTAL FORM							Docket Number (Optional) 71-673-1	
Claims as Filed - Part 1								
Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 12	Total Claims (37 CFR 1.16(j))	(B) 26	6 =	x \$	=	or	x \$ 18 = \$108.00	
(C) 2	Independent Claims (37 CFR 1.16(i))	(D) 6	3 =	x \$	=		x \$ 78 = \$234.00	
Basic Fee (37 CFR 1.16(h))					\$		\$ 760.00	
Total Filing Fee					\$	OR	\$ 1102.00	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment	(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
Total Claims (37 CFR 1.16(j))	...	MINUS ..	=	x \$	=	or	x \$ =	
Independent Claims (37 CFR 1.16(i))	...	MINUS	=	x \$	=		x \$ =	
Total Additional Fee					\$	OR	\$	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancelation of claims</p> <p>**** If "A" is greater than 20, use (B - A); If "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p>								
<p><input checked="" type="checkbox"/> Please charge Deposit Account No. <u>23-0818</u> in the amount of <u>\$1102.00</u>. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. _____. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of \$ _____ to cover the filing / additional fee is enclosed.</p>								
<u>1/25/99</u> Date			 Signature of Applicant, Attorney or Agent of Record Steven W. Weinrieb Typed or printed name					

JCS49 U.S. PTO
09/236373
01/25/99

Docket No.:

FORM PTO-1595 (Modified) (Rev. 8-93) OMB No. 0651-0011 (exp. 4/94) Copyright 1994-97 LegalStar POBREV02		RECORDATION FORM COVER SHEET		U.S. DEPARTMENT OF COMMERCE Patent and Trademark Office											
PATENTS ONLY															
To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.															
1. Name of conveying party(ies): ARCSMITH, INC. Additional names(s) of conveying party(ies) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			2. Name and address of receiving party(ies): Name: <u>ILLINOIS TOOL WORKS INC.</u> Internal Address: _____ Street Address: <u>3600 WEST LAKE AVENUE</u> City: <u>GLENVIEW</u> State: <u>IL</u> ZIP: <u>60025</u> Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No												
3. Nature of conveyance: <input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input type="checkbox"/> Other _____ Execution Date: <u>JUNE 19, 1998</u>															
4. Application number(s) or registration numbers(s): If this document is being filed together with a new application, the execution date of the application is: _____ <table border="1"><thead><tr><th>A. Patent Application No.(s)</th><th>B. Patent No.(s)</th></tr></thead><tbody><tr><td></td><td>4353395 4457329</td></tr><tr><td></td><td>5039837 5345376</td></tr><tr><td></td><td>5235162 5556550</td></tr><tr><td></td><td>4383648 5755568</td></tr></tbody></table> Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						A. Patent Application No.(s)	B. Patent No.(s)		4353395 4457329		5039837 5345376		5235162 5556550		4383648 5755568
A. Patent Application No.(s)	B. Patent No.(s)														
	4353395 4457329														
	5039837 5345376														
	5235162 5556550														
	4383648 5755568														
5. Name and address of party to whom correspondence concerning document should be mailed: Name: <u>MARIA J. MARTIN</u> Internal Address: <u>ILLINOIS TOOL WORKS INC.</u> Street Address: <u>3600 WEST LAKE AVENUE</u> City: <u>GLENVIEW</u> State: <u>IL</u> ZIP: <u>60025</u>			6. Total number of applications and patents involved: <u>8</u> 7. Total fee (37 CFR 3.41):\$ <u>320.00</u> <input type="checkbox"/> Enclosed - Any excess or insufficiency should be credited or debited to deposit account <input checked="" type="checkbox"/> Authorized to be charged to deposit account 8. Deposit account number: <u>09-0025</u>												
DO NOT USE THIS SPACE															
9. Statement and signature. To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document. <table border="0"><tr><td><u>MARIA J. MARTIN</u></td><td><u>[Signature]</u></td><td><u>8/28/98</u></td></tr><tr><td>Name of Person Signing</td><td>Signature</td><td>Date</td></tr></table> Total number of pages including cover sheet, attachments, and document: <u>4</u>						<u>MARIA J. MARTIN</u>	<u>[Signature]</u>	<u>8/28/98</u>	Name of Person Signing	Signature	Date				
<u>MARIA J. MARTIN</u>	<u>[Signature]</u>	<u>8/28/98</u>													
Name of Person Signing	Signature	Date													

3.13 APAT

ASSIGNMENT

WHEREAS, ARCSMITH, INC., a corporation of Minnesota, is the sole and exclusive owner, by assignment, of the United States Patents listed in Exhibit A:

WHEREAS, Illinois Tool Works Inc. (ITW), a Delaware Corporation is desirous of acquiring the right title and interest in, to and under said Patents and the inventions covered thereby:

Now, therefore, in consideration of and in exchange for the sum of One Dollar (\$1.00) to it in hand paid by ITW, and other good and valuable consideration, the receipt of which hereby acknowledged, ARCSMITH, INC., has sold, assigned, transferred and set over, and does hereby sell, assign, transfer and set over to the ITW, the inventions, patents and patent applications aforesaid, and any reissue or reissues of said patents already granted and which may be granted on said applications, the same to be held and enjoyed by ITW, for its own use and enjoyment, and for the use and enjoyment of its successors, assigns or other legal representatives, to the end of the term or terms for which they said patents are or may be granted or enjoyed by ITW, if this assignment and sale had not been made; together with all claims for damages by reason of past infringement of said patents, with the right to sue for, and collect the same for its own use and enjoyment, and for the use and enjoyment of its successors, assigns or other legal representatives.

And, ARCSMITH, INC., hereby authorizes and requests the Commissioner of Patents and Trademarks to issue any and all letters patent of the United States on said inventions or resulting from said applications or any division or divisions thereof to ITW, as assignee of the entire interest, and hereby covenants that it has full right to convey the entire interest herein assigned, and that it has not executed, and will not execute, any agreements inconsistent herewith.

ARCSMITH, INC.

Company

Thomas W. Buckman

Authorized Signature

Vice President

Title

6-18-98

Date

(SEAL)

STATE OF ILLINOIS)
) SS:
COUNTY OF COOK)

I, Christine Biesiada, a Notary Public in and for the County and State aforesaid, do hereby certify that Thomas W. Buckman, personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that he signed, sealed and delivered the said instrument as his free and voluntary act and deed for the uses and purposes therein set forth.

Given under my hand and notarial seal this 19th day of June, 1998.

Christine Biesiada

Notary Public
My Commission expires

(SEAL)



EXHIBIT A**United States Registered Trademarks**

Mark	Reg. No.
Cyclone	2,108,419
FLO-TROL	667,610
HANDI-Heet	667,742
Phaser Powered (stylized)	1,931,422
Power Pro	2,045,972
REDI-SET	734,177
Silver Star	667,433
Smith's (and Design)	1,066,069
Smith's (Stylized)	240,926
Smith's (Stylized)	240,927
Tradesman	1,262,851
VISA-Blend	802,657
VISARC	667,435
VISARC (Stylized)	824,886
NATWELD	1,382,998

United States Pending Trademarks

Mark	App. No.
Power Lite	75-149-770
Smith Equipment (stylized)	75-347-294
The Little Torch (stylized)	75-345-921
VERSATORCH	75-339-629

United States Patents

Title	Patent No.
Cutting and Welding Torch Valve Apparatus	4,353,395
Plasma Torch Head, Body, Handle and Control Circuitry	5,039,837
Plasma Pilot Arc Ignition System	5,235,162
Torch Apparatus, Three Piece Tip	4,383,648
Safety Pressure Regulator	4,457,329
Circuitry for Electronic Switching Power Supply	5,345,376
Gas Lens Collect Body	5,556,550
Multi flame tip for HVAC	5,755,568